7'2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

*	ANNUAL REPORT				Apr 30, 200 / 00.0			
DOCUMENT # P05000052971 1. Entity Name CHINA BUFFET IN WOODLAND BLVD, INC.					S	Secreta	ry of Sta	
Principal Place 1206 N WOO DELAND, FL	DLAND BLVD	Aailing Address 1206 N WOODLAND BLVD DELAND, FL 32720 US					1860 1868 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 	
DO NOT WRITE IN THIS SPA			CE	04212007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable				
	6. Name and Address of Current Regi				of Status Desired		5 Additional equired	
LIU, BI SHENG 1206 N WOODLAND BLVD DELAND, FL 32720					NOT W			
8. The above the obligat SIGNATURE	named entity submits this statement for the ilons of registered agent Signeluie, typed or printed name of registered agent and tid		ed office or register		th, in the State of Flo	rida. I am familia	ir with, and accept	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				.00 May Be ed to Fees	U0000	0746077 	10 150 00-	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRI P LIU, BI SHENG 1206 N WOODLAND BLVD DELAND, FL 32720	ECTORS			- 957 1670 f	- 10000 10 1	19-159.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME				IN '	THIS SF	ACE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-78-01

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